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02/25/2004

BELL, BOYD & LLOYD LLC
 P. O. BOX 1135
 CHICAGO, IL 60690-1135

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Renee Street	(Depositor's name)
<i>[Signature]</i>	(Signature)
May 25, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/992,122	11/13/2001	Ronald L. Ream	112703-202	1413

TITLE OF INVENTION: OVER-COATED CHEWING GUM FORMULATIONS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	05/25/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
TRAN, SUSAN T	1615	424-440000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Bell, Boyd &2 Lloyd LLC

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Wm. Wrigley Jr. Company

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Chicago, Illinois

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☒ Advance Order - # of Copies 3

4b. Payment of Fee(s):

☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 02-1818 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature) *[Signature]*

(Date)

May 25, 2004

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This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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06/01/2004 MBERHE1 00000018 09992122

01 FC:1501

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02 FC:1504

300.00 OP

03 FC:8001

9.00 OP

TRANSMIT THIS FORM WITH FEE(S)

TRANSMITTAL OF PAYMENT OF ISSUE FEE (Large Entity) (37 C.F.R. 1.311)				Docket No. 112703-202	
Applicant(s): Ream et al.					
Serial No. 09/992,122	Filing Date November 13, 2001	Examiner S. Tran	Group Art Unit 1615	Confirmation No. 1413	
Invention: OVER-COATED CHEWING GUM FORMULATIONS					
<u>Mail Stop Issue Fee</u> <u>TO THE COMMISSIONER FOR PATENTS</u> <u>P.O. Box 1450</u> <u>Alexandria, VA 22313-1450</u>					
Transmitted herewith are the following for the above-identified application.					
<input checked="" type="checkbox"/> Issue Fee Transmittal Form PTOL-85					
<input checked="" type="checkbox"/> Utility Fee: <u>\$ 1330.00</u> <input type="checkbox"/> Design Fee: _____ <input type="checkbox"/> Plant Fee: _____					
<input checked="" type="checkbox"/> Publication Fee: <u>\$ 300.00</u>					
<input checked="" type="checkbox"/> A check in the amount of <u>\$1,639.00</u> is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-1818</u> as described below.					
<input type="checkbox"/> Charge the amount of _____					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional fee required.					
<i>Signature</i> 			Dated: May 25, 2004		
Robert M. Barrett (30,142) ATTORNEYS FOR APPLICANTS Bell, Boyd & Lloyd LLC P.O. Box 1135 Chicago, Illinois 60690-1135					
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